

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 6.0.0

DSM-IV

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DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician.

This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

Patient Name: _____ Date of Birth: _____ Interviewer's Name: _____ Date of Interview: _____	Patient Number: _____ Time Interview Began: _____ Time Interview Ended: _____ Total Time: _____
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MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV-TR	ICD-10	PRIMARY DIAGNOSIS
A MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
	Past	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
	Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B SUICIDALITY	Current (Past Month) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/>			
C MANIC EPISODE	Current	<input type="checkbox"/>	296.00-296.06	F30.x-F31.9	<input type="checkbox"/>
	Past	<input type="checkbox"/>			
HYPOMANIC EPISODE	Current	<input type="checkbox"/>	296.80-296.89	F31.8-F31.9/F34.0	<input type="checkbox"/>
	Past	<input type="checkbox"/>	<input type="checkbox"/> Not Explored		
BIPOLAR I DISORDER	Current	<input type="checkbox"/>	296.0x-296.6x	F30.x-F31.9	<input type="checkbox"/>
	Past	<input type="checkbox"/>	296.0x-296.6x	F30.x-F31.9	<input type="checkbox"/>
BIPOLAR II DISORDER	Current	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
	Past	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
BIPOLAR DISORDER NOS	Current	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
	Past	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
D PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
	Lifetime	<input type="checkbox"/>			
E AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
F SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
	Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
	Non-Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
G OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
H POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
I ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
J SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
K PSYCHOTIC DISORDERS	Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/ 297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29	<input type="checkbox"/>
	Current	<input type="checkbox"/>			
MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	<input type="checkbox"/>	296.24/296.34/296.44	F32.3/F33.3/ F30.2/F31.2/F31.5 F31.8/F31.9/F39	<input type="checkbox"/>
	Current	<input type="checkbox"/>	296.24/296.34/296.44		<input type="checkbox"/>
L ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
M BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
N GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
O MEDICAL, ORGANIC, DRUG CAUSE RULED OUT		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
P ANTISOCIAL PERSONALITY DISORDER	Lifetime	<input type="checkbox"/>	301.7	F60.2	<input type="checkbox"/>

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

(Which problem troubles you the most or dominates the others or came first in the natural history?) _____

The translation from DSM-IV-TR to ICD-10 coding is not always exact. For more information on this topic see Schulte-Markwort. Crosswalks ICD-10/DSM-IV-TR. Hogrefe & Huber Publishers 2006.

GENERAL INSTRUCTIONS

The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization). The results of these studies show that the M.I.N.I. has similar reliability and validity properties, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 minutes, median 15 minutes) than the above referenced instruments. It can be used by clinicians, after a brief training session. Lay interviewers require more extensive training.

INTERVIEW:

In order to keep the interview as brief as possible, inform the patient that you will conduct a clinical interview that is more structured than usual, with very precise questions about psychological problems which require a yes or no answer.

GENERAL FORMAT:

The M.I.N.I. is divided into **modules** identified by letters, each corresponding to a diagnostic category.

- At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
- At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in « normal font » should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in « CAPITALS » should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in « bold » indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (➡) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module, circle « **NO** » in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient (for example, question G6).

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. Interviewers need to be sensitive to the diversity of cultural beliefs in their administration of questions and rating of responses. The rater should ask for examples when necessary, to ensure accurate coding. The patient should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should be sure that each dimension of the question is taken into account by the patient (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the M.I.N.I. The M.I.N.I. Plus has questions that investigate these issues.

For any questions, suggestions, need for a training session or information about updates of the M.I.N.I., please contact:

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A. MAJOR DEPRESSIVE EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

A1	a	Were you <u>ever</u> depressed or down, most of the day, nearly every day, for two weeks?	NO	YES
		IF NO, CODE NO TO A1b : IF YES ASK:		
	b	For the <u>past two weeks</u> , were you depressed or down, most of the day, nearly every day?	NO	YES
A2	a	Were you <u>ever</u> much less interested in most things or much less able to enjoy the things you used to enjoy most of the time, for two weeks?	NO	YES
		IF NO, CODE NO TO A2b : IF YES ASK:		
	b	In the <u>past two weeks</u> , were you much less interested in most things or much less able to enjoy the things you used to enjoy, most of the time?	NO	YES
		IS A1a OR A2a CODED YES?	➡ NO	YES

- A3 IF **A1b** OR **A2b** = YES: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE
IF **A1b** AND **A2b** = NO: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

Over that two week period, when you felt depressed or uninterested:

		<u>Past 2 Weeks</u>		<u>Past Episode</u>	
a	Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by $\pm 5\%$ of body weight or ± 8 lbs. or ± 3.5 kgs., for a 160 lb./70 kg. person in a month)? IF YES TO EITHER, CODE YES.	NO	YES	NO	YES
b	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?	NO	YES	NO	YES
c	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	NO	YES	NO	YES
d	Did you feel tired or without energy almost every day?	NO	YES	NO	YES
e	Did you feel worthless or guilty almost every day? IF YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes	NO	YES	NO	YES
f	Did you have difficulty concentrating or making decisions almost every day?	NO	YES	NO	YES
g	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? Did you attempt suicide or plan a suicide? IF YES TO EITHER, CODE YES.	NO	YES	NO	YES
A4	Did these symptoms cause significant problems at home, at work, socially, at school or in some other important way?	NO	YES	NO	YES
A5	In between 2 episodes of depression, did you ever have an interval of at least 2 months, without any significant depression or any significant loss of interest?			NO	YES

ARE **5** OR MORE ANSWERS (**A1-A3**) CODED **YES** AND IS **A4** CODED **YES**
FOR THAT TIME FRAME?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **A5** IS CODED **YES**, CODE **YES** FOR RECURRENT.

NO	YES
MAJOR DEPRESSIVE EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>
RECURRENT	<input type="checkbox"/>

A6 a How many episodes of depression did you have in your lifetime? _____

Between each episode there must be at least 2 months without any significant depression.

B. SUICIDALITY

Points

In the past month did you:

B1	Suffer any accident? This includes taking too much of your medication accidentally. IF NO TO B1, SKIP TO B2; IF YES, ASK B1a:	NO	YES	0																
B1a	Plan or intend to hurt yourself in any accident either actively or passively (e.g. by not avoiding a risk)? IF NO TO B1a, SKIP TO B2: IF YES, ASK B1b:	NO	YES	0																
B1b	Intend to die as a result of any accident?	NO	YES	0																
B2	Feel hopeless?	NO	YES	1																
B3	Think that you would be better off dead or wish you were dead?	NO	YES	1																
B4	Think about harming yourself or of hurting or of injuring yourself or did you have mental images of harming yourself, with at least some intent or awareness that you might die as a result? How many times? _____	NO	YES	2																
B5	Think about suicide (killing yourself)? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:	NO	YES	6																
<table><tr><td colspan="2">Frequency</td><td colspan="2">Intensity</td></tr><tr><td>Occasionally</td><td><input type="checkbox"/></td><td>Mild</td><td><input type="checkbox"/></td></tr><tr><td>Often</td><td><input type="checkbox"/></td><td>Moderate</td><td><input type="checkbox"/></td></tr><tr><td>Very often</td><td><input type="checkbox"/></td><td>Severe</td><td><input type="checkbox"/></td></tr></table>					Frequency		Intensity		Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Frequency		Intensity																		
Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>																	
Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>																	
Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>																	
B6	Feel unable to control these impulses?	NO	YES	8																
B7	Have a suicide method or plan in mind (e.g. how, when or where)? IF NO TO B7, SKIP TO B9.	NO	YES	8																
B8	Intend to follow through on a suicide plan?	NO	YES	8																
B9	Intend to die as a result of a suicidal act?	NO	YES	8																
B10	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die? How many times? _____	NO	YES	9																
B11	Injure yourself on purpose without intending to kill yourself?	NO	YES	4																
B12	Attempt suicide (to kill yourself)? IF NO, SKIP TO B13: How many times? _____ Hope to be rescued / survive <input type="checkbox"/> Expected / intended to die <input type="checkbox"/>	NO	YES	9																

In your lifetime:

B13	Did you ever make a suicide attempt (try to kill yourself)? “A suicide attempt is any self injurious behavior, with at least some intent (> 0) to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent.” (C-CASA definition). Posner K et al. Am J Psychiatry 164:7, July 2007.	NO	YES	4
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IS AT LEAST **1** OF THE ABOVE (EXCEPT B1) CODED **YES**?

IF YES, ADD THE TOTAL POINTS FOR THE ANSWERS (B1-B13)

CHECKED 'YES' AND SPECIFY THE SUICIDALITY SCORE AS INDICATED IN THE DIAGNOSTIC BOX:

MAKE ANY ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT'S CURENT
AND NEAR FUTURE SUICIDALITY IN THE SPACE BELOW:

NO

YES

***SUICIDALITY
CURRENT***

1-8 points	Low	<input type="checkbox"/>
9-16 points	Moderate	<input type="checkbox"/>
≥ 17 points	High	<input type="checkbox"/>

C. MANIC AND HYPOMANIC EPISODES

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN MANIC AND HYPOMANIC DIAGNOSTIC BOXES, AND MOVE TO NEXT MODULE)

Do you have any family history of manic depressive illness or bipolar disorder, or any family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote) or lamotrigine (Lamictal)?

NO

YES

THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER, BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT THE RISK FOR BIPOLAR DISORDER .

IF YES, PLEASE SPECIFY WHO: _____

- C1 a Have you **ever** had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, - or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)

NO

YES

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN

BY 'UP' OR 'HIGH' OR 'HYPER', CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper'

I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity, or impulsive behavior; phoning or working excessively or spending more money.

IF NO, CODE NO TO **C1b**: IF YES ASK:

- b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?

NO

YES

- C2 a Have you **ever** been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?

NO

YES

IF NO, CODE NO TO **C2b**: IF YES ASK:

- b Are you currently feeling persistently irritable?

NO

YES

IS **C1a** OR **C2a** CODED YES?

➡

NO

YES

- C3 IF **C1b** OR **C2b** = YES: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE
IF **C1b** AND **C2b** = NO: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

During the times when you felt high, full of energy, or irritable did you:

	<u>Current Episode</u>		<u>Past Episode</u>	
a Feel that you could do things others couldn't do, or that you were an especially important person? If YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA.	NO	YES	NO	YES
Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes				
b Need less sleep (for example, feel rested after only a few hours sleep)?	NO	YES	NO	YES
c Talk too much without stopping, or so fast that people had difficulty understanding?	NO	YES	NO	YES
d Have racing thoughts?	NO	YES	NO	YES

		<u>Current Episode</u>		<u>Past Episode</u>	
e	Become easily distracted so that any little interruption could distract you?	NO	YES	NO	YES
f	Have a significant increase in your activity or drive, at work, at school, socially or sexually or did you become physically or mentally restless?	NO	YES	NO	YES
g	Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)?	NO	YES	NO	YES
C3 SUMMARY: WHEN RATING CURRENT EPISODE:		NO	YES	NO	YES
IF C1b IS NO, ARE 4 OR MORE C3 ANSWERS CODED YES?					
IF C1b IS YES, ARE 3 OR MORE C3 ANSWERS CODED YES?					
WHEN RATING PAST EPISODE:					
IF C1a IS NO, ARE 4 OR MORE C3 ANSWERS CODED YES?					
IF C1a IS YES, ARE 3 OR MORE C3 ANSWERS CODED YES?					
CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.					
RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE C3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE C3 SYMPTOMS.					
C4	What is the longest time these symptoms lasted?				
	a) 3 days or less		<input type="checkbox"/>		<input type="checkbox"/>
	b) 4 to 6 days		<input type="checkbox"/>		<input type="checkbox"/>
	c) 7 days or more		<input type="checkbox"/>		<input type="checkbox"/>
C5	Were you hospitalized for these problems?	NO	YES	NO	YES
IF YES, STOP HERE AND CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME.					
C6	Did these symptoms cause significant problems at home, at work, socially in your relationships with others, at school or in some other important way?	NO	YES	NO	YES

ARE **C3** SUMMARY AND **C5** AND **C6** CODED YES?

OR

ARE **C3** SUMMARY AND **C4c** AND **C6** CODED YES AND IS **C5** CODED NO?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

NO	YES
MANIC EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

Is **C3** SUMMARY CODED **YES** AND ARE **C5** AND **C6** CODED **NO** AND IS EITHER **C4b** OR **C4c** CODED **YES**?

OR

ARE **C3** SUMMARY AND **C4b** AND **C6** CODED **YES** AND IS **C5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE, THEN CODE CURRENT HYPOMANIC EPISODE AS **NO**.

IF **YES** TO PAST MANIC EPISODE, THEN CODE PAST HYPOMANIC EPISODE AS **NOT EXPLORED**.

HYPOMANIC EPISODE

CURRENT	<input type="checkbox"/> NO
	<input type="checkbox"/> YES
PAST	<input type="checkbox"/> NO
	<input type="checkbox"/> YES
	<input type="checkbox"/> NOT EXPLORED

ARE **C3** SUMMARY AND **C4a** CODED **YES** AND IS **C5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE OR HYPOMANIC EPISODE,
THEN CODE CURRENT HYPOMANIC SYMPTOMS AS **NO**.

IF **YES** TO PAST MANIC EPISODE OR YES TO PAST HYPOMANIC EPISODE,
THEN CODE PAST HYPOMANIC SYMPTOMS AS **NOT EXPLORED**.

HYPOMANIC SYMPTOMS

CURRENT	<input type="checkbox"/> NO
	<input type="checkbox"/> YES
PAST	<input type="checkbox"/> NO
	<input type="checkbox"/> YES
	<input type="checkbox"/> NOT EXPLORED

- C7
- a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (manic) episodes lasting 7 days or more (**C4c**) in your lifetime (including the current episode if present)?
- b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**C4b**) in your lifetime (including the current episode)?
- c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:
Did you have these hypomanic symptoms lasting only 1 to 3 days (**C4a**) 2 or more times in your lifetime, (including the current episode if present)?

NO YES

NO YES

NO YES

D. PANIC DISORDER

(➡ MEANS : CIRCLE NO IN D5, D6 AND D7 AND SKIP TO E1)

D1	<p>a Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way?</p> <p>b Did the spells surge to a peak within 10 minutes of starting?</p>	➡ NO	YES
		➡ NO	YES
D2	At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?	➡ NO	YES
D3	Have you ever had one such attack followed by a month or more of persistent concern about having another attack, or worries about the consequences of the attack - or did you make a significant change in your behavior because of the attacks (e.g., shopping only with a companion, not wanting to leave your house, visiting the emergency room repeatedly, or seeing your doctor more frequently because of the symptoms)?	NO	YES
D4	During the worst attack that you can remember:		
a	Did you have skipping, racing or pounding of your heart?	NO	YES
b	Did you have sweating or clammy hands?	NO	YES
c	Were you trembling or shaking?	NO	YES
d	Did you have shortness of breath or difficulty breathing?	NO	YES
e	Did you have a choking sensation or a lump in your throat?	NO	YES
f	Did you have chest pain, pressure or discomfort?	NO	YES
g	Did you have nausea, stomach problems or sudden diarrhea?	NO	YES
h	Did you feel dizzy, unsteady, lightheaded or faint?	NO	YES
i	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?	NO	YES
j	Did you fear that you were losing control or going crazy?	NO	YES
k	Did you fear that you were dying?	NO	YES
l	Did you have tingling or numbness in parts of your body?	NO	YES
m	Did you have hot flushes or chills?	NO	YES
D5	ARE BOTH D3 , AND 4 OR MORE D4 ANSWERS, CODED YES ? IF YES TO D5, SKIP TO D7.	NO	YES
			<i>PANIC DISORDER LIFETIME</i>
D6	IF D5 = no , ARE ANY D4 ANSWERS CODED YES ? THEN SKIP TO E1 .	NO	YES
			<i>LIMITED SYMPTOM ATTACKS LIFETIME</i>

D7	In the past month, did you have such attacks repeatedly (2 or more), and did you have persistent concern about having another attack, or worry about the consequences of the attacks, or did you change your behavior in any way because of the attacks?	NO	YES <i>PANIC DISORDER CURRENT</i>
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E. AGORAPHOBIA

E1	Do you feel anxious or uneasy in places or situations where help might not be available or escape might be difficult, like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, or traveling in a bus, train or car or where you might have a panic attack or the panic-like symptoms we just spoke about?	NO	YES
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IF **E1** = **NO**, CIRCLE **NO** IN **E2**.

E2	Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them?	NO	YES <i>AGORAPHOBIA CURRENT</i>
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IS **E2** (CURRENT AGORAPHOBIA) CODED **YES**

and

IS **D7** (CURRENT PANIC DISORDER) CODED **YES**?

NO	YES
<i>PANIC DISORDER with Agoraphobia CURRENT</i>	

IS **E2** (CURRENT AGORAPHOBIA) CODED **NO**

and

IS **D7** (CURRENT PANIC DISORDER) CODED **YES**?

NO	YES
<i>PANIC DISORDER without Agoraphobia CURRENT</i>	

IS **E2** (CURRENT AGORAPHOBIA) CODED **YES**

and

IS **D5** (PANIC DISORDER LIFETIME) CODED **NO**?

NO	YES
<i>AGORAPHOBIA, CURRENT without history of Panic Disorder</i>	

F. SOCIAL PHOBIA (Social Anxiety Disorder)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

F1	In the past month, did you have persistent fear and significant anxiety at being watched, being the focus of attention, or of being humiliated or embarrassed? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	➡ NO	YES
----	---	---------	-----

F2	Is this social fear excessive or unreasonable and does it almost always make you anxious?	➡ NO	YES
----	---	---------	-----

F3	Do you fear these social situations so much that you avoid them or suffer through them most of the time?	➡ NO	YES
----	--	---------	-----

F4	Do these social fears disrupt your normal work, school or social functioning or cause you significant distress?	NO	YES
----	---	----	-----

SOCIAL PHOBIA
(*Social Anxiety Disorder*)
CURRENT

GENERALIZED ☐

NON-GENERALIZED ☐

SUBTYPES

Do you fear and avoid 4 or more social situations?

If YES Generalized social phobia (social anxiety disorder)

If NO Non-generalized social phobia (social anxiety disorder)

EXAMPLES OF SUCH SOCIAL SITUATIONS TYPICALLY INCLUDE

- INITIATING OR MAINTAINING A CONVERSATION,
- PARTICIPATING IN SMALL GROUPS,
- DATING,
- SPEAKING TO AUTHORITY FIGURES,
- ATTENDING PARTIES,
- PUBLIC SPEAKING,
- EATING IN FRONT OF OTHERS,
- URINATING IN A PUBLIC WASHROOM, ETC.

NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT'S FEARS ARE RESTRICTED TO NON-GENERALIZED ("ONLY 1 OR SEVERAL") SOCIAL SITUATIONS OR EXTEND TO GENERALIZED ("MOST") SOCIAL SITUATIONS. "MOST" SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.

G. OBSESSIVE-COMPULSIVE DISORDER

(➡ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

G1	<p>In the past month, have you been bothered by recurrent thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing? - (For example, the idea that you were dirty, contaminated or had germs, or fear of contaminating others, or fear of harming someone even though it disturbs or distresses you, or fear you would act on some impulse, or fear or superstitions that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.)</p>	NO YES ↓ SKIP TO G4
----	---	--------------------------------

(DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL DEVIATIONS, PATHOLOGICAL GAMBLING, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.)

G2	<p>Did they keep coming back into your mind even when you tried to ignore or get rid of them?</p>	NO YES ↓ SKIP TO G4
----	---	--------------------------------

G3	<p>Do you think that these obsessions are the product of your own mind and that they are not imposed from the outside?</p>	NO YES <div style="border: 1px solid black; padding: 2px; display: inline-block;">obsessions</div>
----	--	--

G4	<p>In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, arranging things, or other superstitious rituals?</p>	NO YES <div style="border: 1px solid black; padding: 2px; display: inline-block;">compulsions</div>
----	---	---

IS G3 OR G4 CODED YES?

➡
NO YES
➡
NO YES

G5	<p>At any point, did you recognize that either these obsessive thoughts or these compulsive behaviors were excessive or unreasonable?</p>	NO YES
----	---	-------------

G6	<p>In the past month, did these obsessive thoughts and/or compulsive behaviors significantly interfere with your normal routine, your work or school, your usual social activities, or relationships, or did they take more than one hour a day?</p>	
----	--	--

NO	YES
O.C.D. CURRENT	

H. POSTTRAUMATIC STRESS DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

H1	Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?	➡ NO	YES
<p>EXAMPLES OF TRAUMATIC EVENTS INCLUDE: SERIOUS ACCIDENTS, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, FIRE, DISCOVERING A BODY, WAR, OR NATURAL DISASTER, WITNESSING THE VIOLENT OR SUDDEN DEATH OF SOMEONE CLOSE TO YOU, OR A LIFE THREATENING ILLNESS.</p>			
H2	Did you respond with intense fear, helplessness or horror?	➡ NO	YES
H3	During the past month, have you re-experienced the event in a distressing way (such as in dreams, intense recollections, flashbacks or physical reactions) or did you have intense distress when you were reminded about the event or exposed to a similar event?	➡ NO	YES

H4 In the past month:

- | | | | |
|---|---|---------|-----|
| a | Have you avoided thinking about or talking about the event ? | NO | YES |
| b | Have you avoided activities, places or people that remind you of the event? | NO | YES |
| c | Have you had trouble recalling some important part of what happened? | NO | YES |
| d | Have you become much less interested in hobbies or social activities? | NO | YES |
| e | Have you felt detached or estranged from others? | NO | YES |
| f | Have you noticed that your feelings are numbed? | NO | YES |
| g | Have you felt that your life will be shortened or that you will die sooner than other people? | NO | YES |
| ARE 3 OR MORE H4 ANSWERS CODED YES ? | | ➡
NO | YES |

H5 In the past month:

- | | | | |
|---|---|---------|-----|
| a | Have you had difficulty sleeping? | NO | YES |
| b | Were you especially irritable or did you have outbursts of anger? | NO | YES |
| c | Have you had difficulty concentrating? | NO | YES |
| d | Were you nervous or constantly on your guard? | NO | YES |
| e | Were you easily startled? | NO | YES |
| ARE 2 OR MORE H5 ANSWERS CODED YES ? | | ➡
NO | YES |

H6 During the past month, have these problems significantly interfered with your work, school or social activities, or caused significant distress?

NO **YES**

**POSTTRAUMATIC
STRESS DISORDER
CURRENT**

I. ALCOHOL DEPENDENCE / ABUSE

(➡ MEANS: GO TO DIAGNOSTIC BOXES, CIRCLE **NO** IN BOTH AND MOVE TO THE NEXT MODULE)

I1	In the past 12 months , have you had 3 or more alcoholic drinks, - within a 3 hour period, - on 3 or more occasions?	➡ NO	YES
----	---	---------	-----

I2 **In the past 12 months:**

- | | | | |
|---|---|----|-----|
| a | Did you need to drink a lot more in order to get the same effect that you got when you first started drinking or did you get much less effect with continued use of the same amount? | NO | YES |
| b | When you cut down on drinking did your hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms (for example, "the shakes", sweating or agitation) or to avoid being hungover?
<small>IF YES TO ANY, CODE YES.</small> | NO | YES |
| c | During the times when you drank alcohol, did you end up drinking more than you planned when you started? | NO | YES |
| d | Have you tried to reduce or stop drinking alcohol but failed? | NO | YES |
| e | On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol? | NO | YES |
| f | Did you spend less time working, enjoying hobbies, or being with others because of your drinking? | NO | YES |
| g | If your drinking caused you health or mental problems, did you still keep on drinking? | NO | YES |

ARE **3** OR MORE **I2** ANSWERS CODED **YES**?

***** IF YES, SKIP I3 QUESTIONS AND GO TO NEXT MODULE. "DEPENDENCE PREEMPTS ABUSE" IN DSM IV TR.

NO

YES*

**ALCOHOL DEPENDENCE
CURRENT**

I3 **In the past 12 months:**

- | | | | |
|---|---|----|-----|
| a | Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, at work, or at home? Did this cause any problems?
<small>(CODE YES ONLY IF THIS CAUSED PROBLEMS.)</small> | NO | YES |
| b | Were you intoxicated more than once in any situation where you were physically at risk, for example, driving a car, riding a motorbike, using machinery, boating, etc.? | NO | YES |
| c | Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct? | NO | YES |
| d | If your drinking caused problems with your family or other people, did you still keep on drinking? | NO | YES |

ARE **1** OR MORE **I3** ANSWERS CODED **YES**?

NO

YES

***ALCOHOL ABUSE
CURRENT***

J. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

Now I am going to show you / read to you a list of street drugs or medicines.

- | | | | | |
|----|---|---|---------|-----|
| J1 | a | In the past 12 months, did you take any of these drugs more than once, to get high, to feel elated, to get "a buzz" or to change your mood? | ➡
NO | YES |
|----|---|---|---------|-----|

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, "crank", "rush", Dexedrine, Ritalin, diet pills.

Cocaine: snorting, IV, freebase, crack, "speedball".

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, Darvon, codeine, Percodan, Vicoden, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA.

Phencyclidine: PCP ("Angel Dust", "PeaCe Pill", "Tranq", "Hog"), or ketamine ("special K").

Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Cannabis: marijuana, hashish ("hash"), THC, "pot", "grass", "weed", "reefer".

Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".

Miscellaneous: steroids, nonprescription sleep or diet pills. Cough Medicine? Any others?

SPECIFY THE MOST USED DRUG(S): _____

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS?: _____

FIRST EXPLORE THE DRUG CAUSING THE BIGGEST PROBLEMS AND MOST LIKELY TO MEET DEPENDENCE / ABUSE CRITERIA.

IF MEETS CRITERIA FOR ABUSE OR DEPENDENCE, SKIP TO THE NEXT MODULE. OTHERWISE, EXPLORE THE NEXT MOST PROBLEMATIC DRUG.

J2 **Considering your use of (NAME THE DRUG / DRUG CLASS SELECTED), in the past 12 months:**

- | | | | |
|-----------------------------|--|----|-----|
| a | Have you found that you needed to use much more (NAME OF DRUG / DRUG CLASS SELECTED) to get the same effect that you did when you first started taking it? | NO | YES |
| b | When you reduced or stopped using (NAME OF DRUG / DRUG CLASS SELECTED), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better? | NO | YES |
| IF YES TO EITHER, CODE YES. | | | |
| c | Have you often found that when you used (NAME OF DRUG / DRUG CLASS SELECTED), you ended up taking more than you thought you would? | NO | YES |
| d | Have you tried to reduce or stop taking (NAME OF DRUG / DRUG CLASS SELECTED) but failed? | NO | YES |
| e | On the days that you used (NAME OF DRUG / DRUG CLASS SELECTED), did you spend substantial time (>2 HOURS), obtaining, using or in recovering from the drug, or thinking about the drug? | NO | YES |
| f | Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use? | NO | YES |
| g | If (NAME OF DRUG / DRUG CLASS SELECTED) caused you health or mental problems, did you still keep on using it? | NO | YES |

ARE **3** OR MORE **J2** ANSWERS CODED **YES**?

SPECIFY DRUG(S): _____

***** IF YES, SKIP J3 QUESTIONS, MOVE TO NEXT DISORDER.
“DEPENDENCE PREEMPTS ABUSE” IN DSM IV TR.

NO

YES *

***SUBSTANCE DEPENDENCE
CURRENT***

Considering your use of (NAME THE DRUG CLASS SELECTED), in the past 12 months:

- J3 a Have you been intoxicated, high, or hungover from (NAME OF DRUG / DRUG CLASS SELECTED) more than once, when you had other responsibilities at school, at work, or at home? Did this cause any problem?

NO

YES

(CODE **YES** ONLY IF THIS CAUSED PROBLEMS.)

- b Have you been high or intoxicated from (NAME OF DRUG / DRUG CLASS SELECTED) more than once in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)?

NO

YES

- c Did you have legal problems more than once because of your drug use, for example, an arrest or disorderly conduct?

NO

YES

- d If (NAME OF DRUG / DRUG CLASS SELECTED) caused problems with your family or other people, did you still keep on using it?

NO

YES

ARE **1** OR MORE **J3** ANSWERS CODED **YES**?

SPECIFY DRUG(S): _____

NO

YES

***SUBSTANCE ABUSE
CURRENT***

K. PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE **YES** ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

THE PURPOSE OF THIS MODULE IS TO EXCLUDE PATIENTS WITH PSYCHOTIC DISORDERS. THIS MODULE NEEDS EXPERIENCE.

Now I am going to ask you about unusual experiences that some people have.

				BIZARRE
K1	a	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?	NO YES	YES
		NOTE: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING.		
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES ↳K6
K2	a	Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES ↳K6
K3	a	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Have you ever felt that you were possessed?	NO YES	YES
		CLINICIAN: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.		
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES ↳K6
K4	a	Have you ever believed that you were being sent special messages through the TV, radio, newspapers, books or magazines or that a person you did not personally know was particularly interested in you?	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES ↳K6
K5	a	Have your relatives or friends ever considered any of your beliefs odd or unusual?	NO YES	YES
		INTERVIEWER: ASK FOR EXAMPLES. ONLY CODE YES IF THE EXAMPLES ARE CLEARLY DELUSIONAL IDEAS NOT EXPLORED IN QUESTIONS K1 TO K4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION, ETC.		
	b	IF YES OR YES BIZARRE: do they currently consider your beliefs strange?	NO YES	YES
K6	a	Have you ever heard things other people couldn't hear, such as voices?	NO YES	
		IF YES TO VOICE HALLUCINATION: Was the voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?	NO	YES
	b	IF YES OR YES BIZARRE TO K6a: have you heard sounds / voices in the past month?	NO YES	
		IF YES TO VOICE HALLUCINATION: Was the voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?	NO	YES ↳K8b

K7 a Have you ever had visions when you were awake or have you ever seen things other people couldn't see? NO YES

CLINICIAN: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.

b IF YES: have you seen these things in the past month? NO YES

CLINICIAN'S JUDGMENT

K8 b IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS? NO YES

K9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR? NO YES

K10 b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL-DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW? NO YES

K11 a ARE 1 OR MORE « a » QUESTIONS FROM K1a TO K7a CODED YES OR YES BIZARRE AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT, RECURRENT OR PAST)
OR
MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED YES?

NO YES
↳ K13

IF NO TO K11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO K13.

b You told me earlier that you had period(s) when you felt (depressed/high/persistently irritable).

Were the beliefs and experiences you just described (SYMPTOMS CODED YES FROM K1a to K7a) restricted exclusively to times when you were feeling depressed/high/irritable?

IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN THEY WERE NOT DEPRESSED/HIGH/IRRITABLE, CODE NO TO THIS DISORDER.

IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO K12 AND MOVE TO K13

NO YES

**MOOD DISORDER WITH
PSYCHOTIC FEATURES**

LIFETIME

K12 a ARE 1 OR MORE « b » QUESTIONS FROM K1b TO K7b CODED YES OR YES BIZARRE AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)
OR
MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED YES?

IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT), CIRCLE NO TO K13 AND K14 AND MOVE TO THE NEXT MODULE.

NO YES

**MOOD DISORDER WITH
PSYCHOTIC FEATURES**

CURRENT

K13 ARE 1 OR MORE « b » QUESTIONS FROM K1b TO K6b, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « b » QUESTIONS FROM K1b TO K10b, CODED **YES** (RATHER THAN **YES BIZARRE**)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO

YES

***PSYCHOTIC DISORDER
CURRENT***

K14 IS **K13** CODED **YES**

OR

ARE 1 OR MORE « a » QUESTIONS FROM K1a TO K6a, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « a » QUESTIONS FROM K1a TO K7a, CODED **YES** (RATHER THAN **YES BIZARRE**)

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO

YES

***PSYCHOTIC DISORDER
LIFETIME***

L. ANOREXIA NERVOSA

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

L1	a	How tall are you?	<input type="text"/> ft <input type="text"/> in.
			<input type="text"/> cm.
	b.	What was your lowest weight in the past 3 months?	<input type="text"/> lbs.
			<input type="text"/> kgs.
c		IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW)	➡ NO YES

In the past 3 months:

L2	In spite of this low weight, have you tried not to gain weight?	➡ NO YES
L3	Have you intensely feared gaining weight or becoming fat, even though you were underweight?	➡ NO YES
L4	a Have you considered yourself too big / fat or that part of your body was too big / fat?	NO YES
	b Has your body weight or shape greatly influenced how you felt about yourself?	NO YES
	c Have you thought that your current low body weight was normal or excessive?	NO YES
L5	ARE 1 OR MORE ITEMS FROM L4 CODED YES?	➡ NO YES
L6	FOR WOMEN ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO YES

FOR WOMEN: ARE L5 AND L6 CODED YES?

FOR MEN: IS L5 CODED YES?

NO YES

**ANOREXIA NERVOSA
CURRENT**

HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M²

Height/Weight														
ft/in	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10
lbs.	81	84	87	89	92	96	99	102	105	108	112	115	118	122
cm	145	147	150	152	155	158	160	163	165	168	170	173	175	178
kgs	37	38	39	41	42	43	45	46	48	49	51	52	54	55

Height/Weight					
ft/in	5'11	6'0	6'1	6'2	6'3
lbs.	125	129	132	136	140
cm	180	183	185	188	191
kgs	57	59	60	62	64

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

M. BULIMIA NERVOSA

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

M1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period?	➡ NO	YES
M2	In the last 3 months, did you have eating binges as often as twice a week?	➡ NO	YES
M3	During these binges, did you feel that your eating was out of control?	➡ NO	YES
M4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications?	➡ NO	YES
M5	Does your body weight or shape greatly influence how you feel about yourself?	➡ NO	YES
M6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?	NO ↓ Skip to M8	YES
M7	Do these binges occur only when you are under (____lbs./kgs.)? <small>INTERVIEWER: WRITE IN THE ABOVE PARENTHESIS THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT / WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE.</small>	NO	YES

M8 IS **M5** CODED **YES** AND IS EITHER **M6** OR **M7** CODED **NO**?

NO **YES**

**BULIMIA NERVOSA
CURRENT**

IS **M7** CODED **YES**?

NO **YES**

**ANOREXIA NERVOSA
Binge Eating/Purging Type
CURRENT**

N. GENERALIZED ANXIETY DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

N1	a	Were you excessively anxious or worried about several routine things, over the past 6 months? IN ENGLISH, IF THE PATIENT IS UNCLEAR ABOUT WHAT YOU MEAN, PROBE BY ASKING (Do others think that you are a “worry wart”) AND GET EXAMPLES.	➡ NO	YES
	b	Are these anxieties and worries present most days?	➡ NO	YES
		ARE THE PATIENT’S ANXIETY AND WORRIES RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	➡ NO	YES
N2		Do you find it difficult to control the worries?	➡ NO	YES
N3		FOR THE FOLLOWING, CODE NO IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.		
		When you were anxious over the past 6 months, did you, most of the time:		
	a	Feel restless, keyed up or on edge?	NO	YES
	b	Have muscle tension?	NO	YES
	c	Feel tired, weak or exhausted easily?	NO	YES
	d	Have difficulty concentrating or find your mind going blank?	NO	YES
	e	Feel irritable?	NO	YES
	f	Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?	NO	YES
		ARE 3 OR MORE N3 ANSWERS CODED YES ?	➡ NO	YES
N4		Do these anxieties and worries disrupt your normal work, school or social functioning or cause you significant distress?		

NO **YES**

**GENERALIZED ANXIETY
DISORDER
CURRENT**

O. RULE OUT MEDICAL, ORGANIC OR DRUG CAUSES FOR ALL DISORDERS

IF THE PATIENT CODES POSITIVE FOR ANY CURRENT DISORDER ASK:

Just before these symptoms began:

- O1a Were you taking any drugs or medicines? ☐ No ☐ Yes ☐ Uncertain
- O1b Did you have any medical illness? ☐ No ☐ Yes ☐ Uncertain

IN THE CLINICIAN’S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT’S DISORDER?
IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

- O2 SUMMARY:** HAS AN ORGANIC CAUSE BEEN RULED OUT? ☐ No ☐ Yes ☐ Uncertain

P. ANTISOCIAL PERSONALITY DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOX AND CIRCLE NO)

P1 Before you were 15 years old, did you:

- | | | | |
|---|---|----|-----|
| a | repeatedly skip school or run away from home overnight? | NO | YES |
| b | repeatedly lie, cheat, "con" others, or steal? | NO | YES |
| c | start fights or bully, threaten, or intimidate others? | NO | YES |
| d | deliberately destroy things or start fires? | NO | YES |
| e | deliberately hurt animals or people? | NO | YES |
| f | force someone to have sex with you? | NO | YES |

ARE **2** OR MORE **P1** ANSWERS CODED **YES**?

➡
NO YES

DO NOT CODE **YES** TO THE BEHAVIORS BELOW IF THEY ARE EXCLUSIVELY
POLITICALLY OR RELIGIOUSLY MOTIVATED.

P2 Since you were 15 years old, have you:

- | | | | |
|---|--|----|-----|
| a | repeatedly behaved in a way that others would consider irresponsible, like failing to pay for things you owed, deliberately being impulsive or deliberately not working to support yourself? | NO | YES |
| b | done things that are illegal even if you didn't get caught (for example, destroying property, shoplifting, stealing, selling drugs, or committing a felony)? | NO | YES |
| c | been in physical fights repeatedly (including physical fights with your spouse or children)? | NO | YES |
| d | often lied or "conned" other people to get money or pleasure, or lied just for fun? | NO | YES |
| e | exposed others to danger without caring? | NO | YES |
| f | felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property? | NO | YES |

ARE **3** OR MORE **P2** QUESTIONS CODED **YES**?

NO

YES

**ANTISOCIAL PERSONALITY
DISORDER
LIFETIME**

THIS CONCLUDES THE INTERVIEW

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Translations

Afrikaans

Arabic

Bengali

Braille (English)

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Chinese

Czech

Danish P. Bech

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Farsi/Persian

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CR Soldatos

M. Patel, B. Patel, Organon

R. Barda, I. Levinson, A. Aviv

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Telugu		Organon
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MOOD DISORDERS: DIAGNOSTIC ALGORITHM

Consult Modules:

A	Major Depressive Episode
C	(Hypo) manic Episode
K	Psychotic Disorders

MODULE K:

1a	IS K11b CODED YES?	NO	YES
1b	IS K12a CODED YES?	NO	YES

MODULES A and C:

Current	Past
---------	------

2	a	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN A3e ?	YES	YES
	b	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN C3a ?	YES	YES

c Is a Major Depressive Episode coded YES (current or past)?
and
 is Manic Episode coded NO (current and past)?
and
 is Hypomanic Episode coded NO (current and past)?
and
 is "Hypomanic Symptoms" coded NO (current and past)?

Specify:

- If the depressive episode is **current** or **past** or both
- With Psychotic Features** Current: If 1b or 2a (current) = YES
 With Psychotic Features Past: If 1a or 2a (past) = YES

MAJOR DEPRESSIVE DISORDER		
	current	past
MDD	<input type="checkbox"/>	<input type="checkbox"/>
With Psychotic Features		
Current	<input type="checkbox"/>	
Past	<input type="checkbox"/>	

d Is a Manic Episode coded YES (current or past)?

Specify:

- If the Bipolar I Disorder is **current** or **past** or both
- With **Single Manic Episode**: If Manic episode (current or past) = YES and MDE (current and past) = NO
- **With Psychotic Features** Current: If 1b or 2a (current) or 2b (current) = YES
With Psychotic Features Past: If 1a or 2a (past) or 2b (past) = YES
- If the **most recent episode** is manic, depressed, mixed or hypomanic or unspecified (all mutually exclusive)
- **Unspecified** if the Past Manic Episode is coded YES AND Current (C3 Summary AND C4a AND C6 AND O2) are coded YES

	current	past
Bipolar I Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Single Manic Episode	<input type="checkbox"/>	<input type="checkbox"/>
With Psychotic Features		
Current	<input type="checkbox"/>	
Past		<input type="checkbox"/>
Most Recent Episode		
Manic	<input type="checkbox"/>	
Depressed		<input type="checkbox"/>
Mixed	<input type="checkbox"/>	
Hypomanic	<input type="checkbox"/>	
Unspecified		<input type="checkbox"/>

e Is Major Depressive Episode coded YES (current or past)?
and
Is Hypomanic Episode coded YES (current or past)?
and
Is Manic Episode coded NO (current and past)?

Specify:

- If the Bipolar Disorder is **current** or **past** or both
- If the most recent mood episode is **hypomanic** or **depressed** (mutually exclusive)

	current	past
Bipolar II Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent Episode		
Hypomanic	<input type="checkbox"/>	
Depressed		<input type="checkbox"/>

f Is MDE coded NO (current and past)
and
Is Manic Episode coded NO (current and past)?
and is either:

1) C7b coded YES for the appropriate time frame?

or

2) C3 Summary coded YES for the appropriate time frame?
and
C4a coded YES for the appropriate time frame?
and
C7c coded YES for the appropriate time frame?

Specify if the Bipolar Disorder NOS is **current** or **past** or both

	current	past
BIPOLAR DISORDER NOS		
Bipolar Disorder NOS	<input type="checkbox"/>	<input type="checkbox"/>

M.I.N.I. PLUS

The shaded modules below are additional modules available in the MINI PLUS beyond what is available in the standard MINI. The un-shaded modules below are in the standard MINI.

These MINI PLUS modules can be inserted into or used in place of the standard MINI modules, as dictated by the specific needs of any study.

MODULES		TIME FRAME
A	MAJOR DEPRESSIVE EPISODE	Current (2 weeks) Past Recurrent
	MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION	Current Past
	SUBSTANCE INDUCED MOOD DISORDER	Current Past
	MDE WITH MELANCHOLIC FEATURES	Current (2 weeks)
	MDE WITH ATYPICAL FEATURES	Current (2 weeks)
	MDE WITH CATATONIC FEATURES	Current (2 weeks)
B	DYSTHYMIA	Current (Past 2 years) Past
C	SUICIDALITY	Current (Past Month) Risk: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
D	MANIC EPISODE	Current Past
	HYPOMANIC EPISODE	Current Past
	BIPOLAR I DISORDER	Current Past
	BIPOLAR II DISORDER	Current Past
	BIPOLAR DISORDER NOS	Current Past
	MANIC EPISODE DUE TO A GENERAL MEDICAL CONDITION	Current Past
	HYPOMANIC EPISODE DUE TO A GENERAL MEDICAL CONDITION	Current Past
	SUBSTANCE INDUCED MANIC EPISODE	Current Past
	SUBSTANCE INDUCED HYPOMANIC EPISODE	Current Past
E	PANIC DISORDER	Current (Past Month) Lifetime
	ANXIETY DISORDER WITH PANIC ATTACKS DUE TO A GENERAL MEDICAL CONDITION	Current
	SUBSTANCE INDUCED ANXIETY DISORDER WITH PANIC ATTACKS	Current
F	AGORAPHOBIA	Current
G	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)
H	SPECIFIC PHOBIA	Current
I	OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)
	OCD DUE TO A GENERAL MEDICAL CONDITION	Current
	SUBSTANCE INDUCED OCD	Current
J	POSTTRAUMATIC STRESS DISORDER	Current (Past Month)
K	ALCOHOL DEPENDENCE	Past 12 Months
	ALCOHOL DEPENDENCE	Lifetime
	ALCOHOL ABUSE	Past 12 Months
	ALCOHOL ABUSE	Lifetime
L	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months
	SUBSTANCE DEPENDENCE (Non-alcohol)	Lifetime
	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months

M	PSYCHOTIC DISORDERS	Lifetime
		Current
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Current
	SCHIZOPHRENIA	Current
		Lifetime
	SCHIZOAFFECTIVE DISORDER	Current
		Lifetime
	SCHIZOPHRENIFORM DISORDER	Current
		Lifetime
	BRIEF PSYCHOTIC DISORDER	Current
		Lifetime
	DELUSIONAL DISORDER	Current
		Lifetime
	PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION	Current
		Lifetime
	SUBSTANCE INDUCED PSYCHOTIC DISORDER	Current
		Lifetime
	PSYCHOTIC DISORDER NOS	Current
		Lifetime
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime
	MOOD DISORDER NOS	Lifetime
	MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES	Current
		Past
	BIPOLAR I DISORDER WITH PSYCHOTIC FEATURES	Current
		Past
N	ANOREXIA NERVOSA	Current (Past 3 Months)
O	BULIMIA NERVOSA	Current (Past 3 Months)
	BULIMIA NERVOSA PURGING TYPE	Current
	BULIMIA NERVOSA NONPURGING TYPE	Current
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current
	ANOREXIA NERVOSA, RESTRICTING TYPE	Current
P	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)
	GENERALIZED ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION	Current
	SUBSTANCE INDUCED GAD	Current
Q	ANTISOCIAL PERSONALITY DISORDER	Lifetime
R	SOMATIZATION DISORDER	Lifetime
		Current
S	HYPOCHONDRIASIS	Current
T	BODY DYSMORPHIC DISORDER	Current
U	PAIN DISORDER	Current
V	CONDUCT DISORDER	Past 12 Months
W	ATTENTION DEFICIT/HYPERACTIVITY DISORDER (Children/Adolescents)	Past 6 Months
	ATTENTION DEFICIT/HYPERACTIVITY DISORDER (Adults)	Lifetime
		Current
X	ADJUSTMENT DISORDERS	Current
Y	PREMENSTRUAL DYSPHORIC DISORDER	Current
Z	MIXED ANXIETY-DEPRESSIVE DISORDER	Current